

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED Brown, Dinikue		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 4:05-040024-001		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER						
7. IN CASE/MATTER OF (Case Name) U.S. v. Brown		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant		
				10. REPRESENTATION TYPE (See Instructions) Crack Retroactive Amendment		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841G=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GORMLEY, GEORGE F. 755 East Broadway 3rd Floor South Boston MA 02127  Telephone Number: (617) 268-2999			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel        C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender        R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney        Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ I, _____, Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court <u>03/27/2008</u> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment.      YES      NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) GORMLEY, GEORGE F., P.C. 755 East Broadway 3rd Floor South Boston MA 02127						
CATEGORIES (Attach itemization of services with dates)      HOURS CLAIMED      TOTAL AMOUNT CLAIMED      MATH/TECH ADJUSTED HOURS      MATH/TECH ADJUSTED AMOUNT      ADDITIONAL REVIEW						
IN COURT		15. a. Arraignment and/or Plea				
		b. Bail and Detention Hearings				
		c. Motion Hearings				
		d. Trial				
		e. Sentencing Hearings				
		f. Revocation Hearings				
		g. Appeals Court				
		h. Other (Specify on additional sheets)				
		(Rate per hour = \$ ) TOTALS:				
OUT OF COURT		16. a. Interviews and Conferences				
		b. Obtaining and reviewing records				
		c. Legal research and brief writing				
		d. Travel time				
		e. Investigative and Other work (Specify on additional sheets)				
		(Rate per hour = \$ ) TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case?      YES      NO      If yes, were you paid?      YES      NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?      YES      NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____						
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES
27. TOTAL AMT. APPR / CERT						
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES
33. TOTAL AMT. APPROVED						
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		34a. JUDGE CODE